

DIRECTOR OF PATENTS AND TRADEMARKS  
WASHINGTON D.C. 20231

Case Docket No. 26381

Sir:

Transmitted herewith for filing is the Patent Application of:

Inventor : SAREL Oded

FOR : PARAMETER EVALUATION SYSTEM



Enclosed are:

- ☒ 38 sheets of drawings
- ☐ Previously assigned to: Home-Medicine (USA), Inc.
- ☒ Applicant is entitled to Small Entity Status under 37 CFR 1.9 and 37 CFR 1.27
- ☐ Sequence Listing Statement: The sequence listing information recorded in  
computer readable form is identical to the written (on paper or compact disc)  
sequence listing
- ☐ Priority Document of \_\_\_\_\_

**THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:**

| <i>FOR:</i>                                                           | <i>Column 1<br/>No. FILED</i> | <i>Column 2<br/>No.<br/>EXTRA</i> | <i>SMALL ENTITY</i> |                      | <i>OTHER THAN A<br/>SMALL ENTITY</i> |                 |
|-----------------------------------------------------------------------|-------------------------------|-----------------------------------|---------------------|----------------------|--------------------------------------|-----------------|
|                                                                       |                               |                                   | <i>RATE</i>         | <i>FEE</i>           | <i>RATE</i>                          | <i>FEE</i>      |
| Basic Fee                                                             |                               |                                   |                     | \$ 375               |                                      | \$ 750          |
| Total Claims                                                          | 22 - 20 =                     | 2                                 | 2 x \$ 9            | \$ 18                | x \$18                               | \$              |
| Independent<br>Claims                                                 | 2 - 3 =                       | 0                                 | x \$42              | \$                   | x \$84                               | \$              |
| <input type="checkbox"/> Recordal of Assignment \$40                  |                               |                                   | +\$40               | \$                   | +\$40                                | \$              |
| (If the difference in Column 1 is less than "0", enter "0" in Col. 2) |                               |                                   | <b>TOTAL</b>        | <b>\$ <u>393</u></b> | <b>TOTAL</b>                         | <b>\$ _____</b> |

- ☒ Please charge my deposit account No. 50-1407 in the amount of \$393.  
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No 50-1407. A duplicate copy of this sheet is enclosed.
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Respectfully,

Sol Sheinbein

Registration No. 25,457

Ramat Gan, Israel  
June 26, 2003